

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N06000007309

Entity Name: ASOCIACION PAN Y AMOR, INC.

Current Principal Place of Business:

2730 S.W. 3RD AVENUE
SUITE 800
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2730 S.W. 3RD AVENUE
SUITE 800
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-5274742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMARRIBA, ANA CAROLINA
750 ALLENDALE RD.
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOMARRIBA, MARIA PATRICIA
Address: 255 E. ENID DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: SOMARRIBA, ANA CAROLINA
Address: 750 ALLENDALE RD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: PORRO, LOURDES
Address: 875 N.E. DAHOON TER.
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: LOWMAN, ROBERT M
Address: 2730 S.W. 3RD AVE., SUITE 800
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: SOMARRIBA, CHARLOTTE
Address: CASA NUMERI 48, REPARTO MONTE FRESCO KM15
City-St-Zip: 1/2 SUR, MANAGUA, NICARAGUA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M LOWMAN

MR

03/20/2009

Electronic Signature of Signing Officer or Director

Date